

| PATENT APPLICATION FEE DETERMINATION RECORD  |                                  |               |                                    |               | Application or Docket Number |
|--|----------------------------------|---------------|------------------------------------|---------------|------------------------------|
| Effective January 1, 2003  |                                  |               |                                    |               | 09/618536                    |
| <b>CLAIMS AS FILED - PART I</b>  |                                  |               |                                    |               |                              |
| (Column 1)   |                                  | (Column 2)    |                                    |               |                              |
| TOTAL CLAIMS   |                                  |               |                                    |               |                              |
| FOR  |                                  | NUMBER FILED  | NUMBER EXTRA                       |               |                              |
| TOTAL CHARGEABLE CLAIMS  |                                  | 20 minus 20 = |                                    |               |                              |
| INDEPENDENT CLAIMS   |                                  | 1 minus 3 =   |                                    |               |                              |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                                  |               |                                    |               | <input type="checkbox"/>     |
| <p>If the difference in column 1 is less than zero, enter "0" in column 2</p>  |                                  |               |                                    |               |                              |
| <b>CLAIMS AS AMENDED - PART II</b>   |                                  |               |                                    |               |                              |
| (Column 1)   |                                  | (Column 2)    | (Column 3)                         |               |                              |
| AMENDMENT A  | CLAIMS REMAINING AFTER AMENDMENT |               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |                              |
|  | Total                            | 19            | Minus                              | 20            | =                            |
| Independent  | 2                                | Minus         | 3                                  | =             |                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |               |                                    |               | <input type="checkbox"/>     |
|  |                                  |               |                                    |               |                              |
| AMENDMENT B  | CLAIMS REMAINING AFTER AMENDMENT |               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |                              |
|  | Total                            | 20            | Minus                              | 20            | =                            |
| Independent  | 3                                | Minus         | 3                                  | =             |                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |               |                                    |               | <input type="checkbox"/>     |
| AMENDMENT C  | CLAIMS REMAINING AFTER AMENDMENT |               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |                              |
|  | Total                            | 8             | Minus                              | 20            | =                            |
| Independent  | 2                                | Minus         | 3                                  | =             |                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |               |                                    |               | <input type="checkbox"/>     |
| <ul style="list-style-type: none"> <li>- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                                  |               |                                    |               |                              |